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Administration**

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10.000 ADMINISTRATION

10.100 Preface

This chapter presents information on how this manual is organized and is to be used in support of the Arizona Children's Rehabilitative Services (CRS) Program. It introduces the CRS Program, discusses program financing, and indicates how the CRS Program is organized and administered in the State of Arizona. It also describes how the CRS Program interfaces with other state and federal agencies and organizations.

10.101 How to Use the Children's Rehabilitative Services (CRS) Manual

This manual contains the policies and procedures necessary for the operation of Arizona Children's Rehabilitative Services (CRS). These policies and procedures are established by the Arizona Department of Health Services (ADHS) to implement the provisions of various laws and regulations relating to the operation of the CRS Program. These laws and regulations include pertinent provisions of the Arizona Revised Statutes, Federal Government Regulations, the Administrative Manual of the Arizona Department of Health Services, and such rules, regulations and procedures, as may be established by the Director of the Arizona Department of Health Services.

The chapters in this manual are divided into Sections. Chapters are numbered serially in Arabic numerals. Sections are subsets of chapters numbered serially in Arabic numerals preceded by a decimal. As an example:

10.000 - identifies Chapter as "10"

10.100 - identifies Section as "100"

Sections may be comprised of multiple paragraphs. Each page indicates the Chapter in the upper right hand corner and shows the issue date in the lower left hand corner. The page number of the section is located in the lower right hand corner.

10.102 Development and Revision of Policies and Procedures

It is the responsibility of the Arizona Department of Health Services to adopt all rules, regulations, and policies for the operation of the CRS Program. ADHS/CRS rules are contained in A.A.C. R9-7-101 to R9-7-705. Furthermore, the Arizona Department of Health Services is to supervise, control, and establish policies for the CRS Program (A.R.S. § 36-261, et seq.). These policies support the administrative rules of the program. Where there is a conflict between rule and policy, the rule takes precedence.

All ADHS/CRS policies and subsequent revisions are to be approved by the ADHS/CRS Administrator. Policies will be prepared, reviewed, and revised in consultation with the ADHS/CRS Medical Director, Regional Medical Directors and Administrators. Parent Action Council members in each region will also be invited to provide input and comments to proposed policies or revisions. The implementation of ADHS/CRS policies shall be coordinated among the Regional Contractors and others, as applicable, to ensure operating consistency throughout the CRS Program.

10.103 Dissemination of New Policies and Procedures

A copy of the final and approved procedures shall be distributed to all appropriate State agencies, Regional Contractor sites, and regional Parent Action Councils.

10.104 Definition of Terms

In this policy and procedure manual, unless otherwise specified:

“A.A.C.” means Arizona Administrative Code.

“Action” means one of the following:

- a. The denial or limited authorization of a requested service, including the type or level of service;
- b. The reduction, suspension, or termination of a previously authorized service;
- c. The denial, in whole or in part, of payment for a service;
- d. The failure to provide a service in a timely manner, as set forth in contract; or
- e. The failure of a contractor to act within the time frames specified by rule.

“Acute Health Care” means emergency and follow-up health care provided in response to the initial stages of disease or injury.

“ADES” means the Arizona Department of Economic Security.

“ADHS” means the Arizona Department of Health Services.

“Administrative Hearing” means a hearing under A.R.S. Title 41, Chapter 6, Article 10 (also called State Fair Hearing).

“AHCCCS” means the Arizona Health Care Cost Containment System.

"AHCCCSA" means the Arizona Health Care Cost Containment System Administration.

"ALTCS" means the Arizona Long Term Care System.

"Appeal" means a request for review of an action.

"Applicant" means an individual who has requested enrollment into the CRS program and for which CRS has received a written, signed, and dated application.

"Application packet" means the completed documents, forms, and supplemental information necessary to process eligibility for CRS.

"A.R.S." means Arizona Revised Statutes.

"BIA" means Bureau of Indian Affairs

"Child" means an individual under 21 years of age.

"Clinical Study" means any investigation intended to evaluate the clinical, pharmacological, and/or other effects of an intervention.

"CMS" means Centers for Medicare & Medicaid Services

"Contractor" means any non-State entity or individual with whom the ADHS has contracted to provide specific services.

"CRS" means Children's Rehabilitative Services, a subdivision of the ADHS.

"CRS Clinic" means an established clinic held at a Regional Contractor site.

"CRS Condition" means a disease or disorder that qualifies for CRS coverage.

"CRS Medical Director" means the physician designated by ADHS to provide appropriate input on medical issues to the ADHS/CRS Office Chief.

"CRS Member" means an individual who is enrolled in CRS and who is eligible to receive services from CRS providers.

"CRS Provider" means any person, including a subcontractor of a CRS provider, who has a written agreement with ADHS or a Regional Contractor to provide CRS services to a member.

"Department, the" means the Arizona Department of Health Services.

“DES” means the Arizona Department of Economic Security.

“DES/CMDP” means the Comprehensive Medical and Dental Program in the Department of Economic Security, Division of Children, Youth and Families, through which the State provides health care to foster children. CMDP is an AHCCCS Health Plan.

“DES/DDD” means the Division of Developmental Disabilities in the Department of Economic Security that provides services throughout the State of Arizona through institutional and community-based programs to children and adults who are developmentally disabled. DES/DDD is an AHCCCS Program Contractor for ALTCS.

“Diagnosis” means a determination or identification of a disease or condition that is confirmed by a physician.

“Durable Medical Equipment” means prescribed medical equipment that can be used for an extended period of time.

“Eligible” means any individual who has completed the application process and attended the first clinic visit, maintains medical/financial requirements.

“Employee” means all officers and employees of the Department and of any local health department, including those who may be loaned or assigned to the Department or local health departments by another governmental or private health agency, including consultants paid on a fee basis by the Department or a local health department.

“Enrolled” means any individual who has completed the application process and attended the first clinic visit, maintains medical/financial requirements, and has signed a CRS payment agreement.

“Ex-member” means an individual who has been terminated from the CRS Program.

“Family-centered” means care that recognizes and respects the pivotal role of the family in the lives of children. It supports families in their natural care-giving roles, promotes normal patterns of living, and ensures family collaboration and choice in the provision of services to the child.

“FFP” means Federal Financial Participation.

“Filed” means the date that ADHS/CRS receives the grievance/appeal request as established by a date stamp on the request or other record of receipt.

“Grievance” means an expression of dissatisfaction about any matter other than

an action. Possible subjects for grievances include, but are not limited to:

- a. The quality of care or services provided; and
- b. Aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee's rights.

“Handicapping” means physical impairments that limit one or more major life activity such as: caring for oneself; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; and working.

“HCFA” means the Health Care Financing Administration, now known as or Centers for Medicare & Medicaid Services (CMS).

“Home Health Care Services” means services which can be provided in the member's home.

“HIPAA” means Health Information Portability and Accountability Act of 1996, Title II Subtitle F published by the United States Department of Health and Human Services, the administrative simplification provisions and modifications thereof, and the Administrative Simplification Compliance Act of 2001.

“Hospital” means a health care institution licensed as a hospital, as defined in ARS § 36-2351.

“Inpatient” means an individual who has been admitted at least overnight to a hospital for the purpose of receiving diagnostic, treatment, observation, or other CRS services.

“Interdisciplinary team” means physician, non-physician professionals, and family members who collaborate in planning, delivering, and evaluating health care services.

“JCAHO” means the Joint Commission on the Accreditation of Healthcare Organizations.

“KidsCare” means Arizona Children's Health Insurance Program, funded through Title XXI of the Social Security Act and state funds, also referred to as Title XXI.

“Letter of Intent” means written notification to the applicant/member/representative from the CRS Regional Contractor regarding eligibility to receive services through the CRS Program.

“Local Health Department” means any district, county, or city health department or any combination thereof.

“Medical Assistance” means the Title XIX portion of the AHCCCS program, which also includes S.O.B.R.A.

“Medical Assistance Financial Screening Form” means the DES document that identifies potential Title XIX eligibility.

“Medical Home” is defined by the American Academy of Pediatrics as “the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. It should be delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them.”

“Medical Information” means all clinical records, medical reports, laboratory statements or reports, any file, film, record or report, or oral statement relating to diagnostic findings and treatment of patients, as well as information relating to contacts, suspects, and associates of communicable disease patients.

“Medical Management” means all non-surgical treatments.

“Medical Staff” means all physicians, dentist and scientists employed by or under contract with CRS.

“Member Abuse” means any intentional, or reckless infliction of physical harm, injury caused by a negligent act or omission, unreasonable confinement, emotional or sexual abuse, or sexual assault.

“Minor” means an individual who is:

- a. Under the age of 18 years;
- b. Incompetent as determined by a court of competent jurisdiction; or
- c. Incapable of giving consent for medical services due to a limitation in the individual's cognitive function as determined by a physician.

“Multi-specialty” means the use of more than one specialty physician or dentist in the treatment of a member.

“Notice of Action” means written notification to the member/representative of an action that the CRS Regional Contractor has taken or intends to take.

“Notice of Appeal Resolution” means written notification to the member/representative and other parties of the decision made by ADHS/CRS of an appeal.

“Notice of Decision” means written notification to the provider and other applicable parties of the decision made by ADHS/CRS regarding a claims dispute.

“Notice of Eligibility Decision” means written notification to the member/representative and other parties of the decision made by ADHS/CRS of an eligibility decision.

“Notice of Hearing Request” means written notification to the CRS Regional Contractor that a member/representative or provider has requested an Administrative Hearing.

“Notice of Denial” means written notice to the applicant/representative of the decision of CRS Program enrollment or a change to a member/representative eligibility for CRS services.

“Outpatient Services” means CRS services a member is receiving at a hospital or other facility such as a physician’s office or CRS Regional Clinic without the member being admitted to the hospital or facility for an overnight stay.

“Outreach Clinic” means a clinic designed to provide a limited specific set of services including evaluation, monitoring, and treatment in settings geographically closer to the family than a CRS Regional Clinic.

“Parent” means a biological, adoptive, or custodial mother or father of a child, or an individual who has been appointed as a legal guardian or custodian of a child by a court of competent jurisdiction.

“Parent Action Council (PAC)” means the regional council consisting of family members, parents, or legal guardians of a child who is, or has been, a CRS member, or adults who are or were members. The Action Council includes professionals, advocacy groups, Regional Contractor representatives, and ADHS/CRS staff.

“Payment Responsibility” means the portion of the cost of CRS services that a member or family has agreed to pay, according to a signed Payment Agreement.

“Person” means an individual, corporation, business trust, estate, partnership, joint venture, association, government, governmental subdivision or agency, or any other legal or commercial entity.

“Physician” means an individual currently licensed as an allopathic or

osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Primary Health Care” means routine health care provided to prevent disease, treat injury or maintain general health.

“Primary Care Provider” means any physician/physician extender or agency coordinating acute and chronic health care for medical conditions, including those conditions that are not CRS eligible conditions.

“Prior Authorization” means the process by which a Regional Contractor of CRS authorizes, in advance, the delivery of CRS services.

“PSR” means Provider Services Requisition

“QM” means Quality Management

“QMP” means Quality Management Plan

“Qualified” means that an individual meets the conditions, criteria, or requirements for enrollment in the CRS Program.

“Regional Clinic” means a multi-specialty interdisciplinary facility that provides CRS services to members.

“Regional Contractor” means a person contracted with the ADHS to provide CRS services.

“Regional Medical Director” means the physician appointed by the Regional Contractor to provide medical advice and counsel to ADHS/CRS and to the Regional Contractor.

“Residence” means the place where an individual lives.

“Resident” means an individual who has been living in, and intends to remain in Arizona.

“School” means any public or private institution offering instruction to students of any age.

“Section” means an area of this ADHS/CRS Policy and Procedure Manual, unless otherwise specified.

"S.O.B.R.A." means the Sixth Omnibus Reconciliation Act, 1986 Section 9401, as amended by the Medicare Catastrophic Coverage Act of 1988, 42 U.S.C., 1396a(a) (10)(A)ii(IX), July 1, 1988. This program provides Medical Assistance to eligible pregnant women as soon as possible following verification of pregnancy, and provides Medical Assistance to as many eligible children born on or after October 1, 1983, as is possible.

"Specialty" means health care that requires specific professional education, knowledge, and skills to be delivered.

"Specialty Physician" means a physician who is specially trained in a certain branch of medicine related to specific services or procedures, certain age categories of patients, certain body systems or certain types of diseases.

"State, the" means the State of Arizona.

"State Parent Action Council (PAC)" means the state council consisting of family members, parents, or legal guardians of a child who is, or has been, a CRS member, or adults who are or were members. The Action Council includes professionals, advocacy groups, Regional Contractor representatives, and ADHS/CRS staff.

"Title V" means the federal statutes governing the Maternal and Child Health Program, which is a public health service of the U.S. Department of Health and Human Services.

"Title XIX" means the Federal Medicaid Program, which provides health care to financially eligible persons, and which is administered jointly by the U.S. Department of Health and Human Services and the State. AHCCCSA provides for Title XIX-funded health care services.

"Title XXI" means the State Children's Health Insurance Program (SCHIP), known in Arizona as "KidsCare".

"Treatment Plan" means a written plan of services and therapeutic interventions based on a comprehensive assessment of a member's developmental and health status, strengths, and needs that are designed and periodically updated by the interdisciplinary team.

"UM" means Utilization Management

10.200 Introduction To The CRS Program

The following section provides an overview of CRS program mission, goals, objectives, and general information about the organization and operation of the CRS program. This section also contains information about services, providers, contractors, and the role of other state and federal agencies in CRS funding and oversight.

10.201 Mission, Goals and Objectives of the CRS Program

Mission

The mission of Arizona Children's Rehabilitative Services (CRS) is to improve the quality of life for children by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions.

Goal

The goal of the CRS Program is to provide quality care through early detection, prevention, comprehensive medical treatment, and rehabilitation to enrolled individuals with handicapping or potentially handicapping conditions.

Objective

The objective of CRS is to assure the highest quality comprehensive care for the functional improvement of medically qualified individuals through a family-centered, multi-specialty interdisciplinary team approach in a cost effective managed care setting.

10.202 Program Description and Organization

Program Description

CRS serves individuals under 21 years of age residing in Arizona and meet the criteria established by ADHS/CRS. A combination of funding is received from state and federal sources. ADHS/CRS collects federal funding from the Arizona Health Care Cost Containment System (AHCCCS) Administration for Title XIX categorically eligible AHCCCS members and Title XXI eligible members who are enrolled in the State Children's Health Insurance Program known as KidsCare. ADHS also receives funding through the Title V Maternal and Child Health Block Grant for Title V eligible persons.

CRS provides for medical treatment, rehabilitation, and related support services to individuals who have certain medical, handicapping, or potentially handicapping conditions, which have the potential for functional improvement through medical, surgical, or therapy modalities. CRS provides these services through regional service contracts, where the approach to service delivery is

family-centered, coordinated, culturally effective, and considered the unique needs of eligible persons. CRS is not a primary care provider. Each individual is expected to have a primary care physician, pediatrician, or health clinic from which to receive primary health care. The CRS clinic may provide a list of resources to individuals or families who do not have a primary care physician, pediatrician or health clinic.

Program Organization

The Office for Maternal and Child Health is responsible for CRS at the federal level. This office is in the Public Health Service of the U.S. Department of Health and Human Services (PHS/DHHS), which oversees the Arizona Department of Health Services (ADHS). ADHS is responsible for the administration of the CRS Program as stated in Article 3, A.R.S. § 36-261, 262. ADHS coordinates as applicable with other State agencies to fulfill this requirement.

At the State level, CRS operates within the Office for Children with Special Health Care Needs (OCSHCN), within Public Health Prevention Services within the ADHS. ADHS is responsible for employing a CRS Medical Director and an OCSHCN Administrator for CRS who shall have duties and titles as fixed by the ADHS Director.

ADHS/CRS is responsible for: monitoring and evaluating services provided by private contractors; keeping statistical data on the CRS population; providing supporting and consultant services; and ensuring overall program management and planning.

ADHS/CRS solicits contracts from qualified offerors to provide CRS services in specific geographic regions of Arizona. These Regional Contractors are responsible for the administration and delivery of CRS services for their own contracted region. Regional Contractors develop and maintain a provider network of specialty physicians, personnel, and facilities to meet the CRS minimum requirements. Regional Contractors may determine the appropriate reimbursement methods and amounts for their contracted provider network. ADHS/CRS oversees the performance of the Regional Contractors. The Regional Contractors are subject to contractual requirements, and follow policies and procedures, administrative rules, and laws.

10.203 Governing Statutes and Regulations

Federal

Title V, Part 2, of the Social Security Act (the Act) contains the general provisions setting up the powers and functions of the Social Security Administration, which may provide Title V federal funds to CRS. Part 2 makes

provision for the appropriation and allocation of certain sums of money to the various states.

The Act requires that each state shall submit a plan for services for CRS individuals which will provide for financial participation by the State; administration of the plan by a state agency or supervision of the plan by a state agency; and appropriate methods of administration and reports. The Secretary of the Department of Health and Human Services must approve a state plan before federal subsidies can be provided to fund the CRS Program.

Funding will be denied should the Secretary of Health and Human Services find that the state operation of the CRS Program does not comply with the rules and regulations set down by the Social Security Administration.

Title XIX of the Act establishes the Medicaid program, which is a national health care program providing Medical Assistance to families and to aged, blind and disabled individuals whose income and resources are insufficient to meet the cost of necessary medical services. The program is administered by the Centers for Medicare & Medicaid Services (CMS) of the federal Department of Health and Human Services (DHHS). Medicaid is a state/federal partnership under which the federal government establishes basic program rules. Each state must submit a State Plan describing how it will administer the Medicaid program within the confines of federal rules governing the program.

In Arizona, the Medicaid program is known as the Arizona Health Care Cost Containment System (AHCCCS). Federal Medicaid funding is available for all Medicaid-covered services rendered to enrolled CRS individuals who are federally eligible and enrolled in AHCCCS, in accordance with Arizona's Medicaid State Plan. Many children who are CRS members are concurrently enrolled in AHCCCS. The AHCCCS Administration also oversees the delivery of health care services funded by Title XXI, the State Children's Health Insurance Program. In Arizona, this program is known as KidsCare. Children who are medically qualified for CRS may also be enrolled in KidsCare. The CRS Program works closely with the AHCCCS Administration to ensure CRS service delivery requirements are consistent with Medicaid and KidsCare requirements.

State

In accordance with the provisions of the Social Security Act, administration of the CRS Program in Arizona has been assigned by the Legislature to the ADHS.

Enabling legislation for CRS is found in Article 3, A.R.S. §§ 36-261 and 36-262. Enabling legislation for the care, treatment and reimbursement to the Department for individuals with sickle cell anemia is set forth in Article 13, A.R.S. §§36-797.43 and .44, respectively.

The adopted Rules for CRS are set forth in A.A.C., Title 9, Chapter 7, Articles 1 through 7.

10.204 Program Qualification Overview

Any individual may be referred to CRS. To qualify for the CRS program the applicant must:

1. Have a CRS medical condition;
2. Meet the age requirement;
3. Meet residency requirements in the state of Arizona; and
4. Provide documentation of legal residency in the United States.

Once these requirements are met, the amount of the member's payment responsibility is determined, based on the family's income and resources. Refer to Section 20.000 for enrollment requirements.

To be enrolled in the program, the individual shall be evaluated in a CRS pediatric screening clinic or specialty clinic by a member of the CRS professional staff. The physician or designee determines/verifies if the individual has a handicapping or potentially handicapping condition that qualifies for treatment in the CRS program.

10.205 Program Services

CRS Program services are set forth in A.A.C., Title 9, Chapter 7, Article 5, Section 501. Specific policies relative to CRS services are presented in Chapter 40.000 of this manual.

10.206 CRS Providers

The licensure and certification requirements for CRS providers are as follows:

1. Physicians and dentists must be licensed in the State of Arizona.
2. Nurses must be licensed in the State of Arizona.
3. Social Workers must be licensed in the State of Arizona.
4. Audiologists must maintain a current Arizona Audiologist license.
 - a. If non-certified or clinical fellowship year (CFY) personnel are utilized, they must be under the direct (onsite) supervision of an Arizona licensed audiologist.

5. Speech-Language Pathologists must maintain a current Arizona Speech-Language Pathologist license.
6. Orthotists and prosthetists must be certified by the American Board for Certification in Orthotics and Prosthetics.
7. Hearing aid dispensers must be licensed in the State of Arizona.
8. Pharmacists must be licensed in the State of Arizona.
9. Psychologists must be licensed by the State of Arizona Board of Psychologist Examiners.
10. Physical and occupational therapists must be licensed issued by the Arizona Board of Physical Therapy and the Arizona Board of Occupational Therapy, respectively.
11. Other Ancillary personnel must be licensed or certified if required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards.

Any individually contracted specialist such as physician, dentist, psychologist, etc. who provide services to individuals enrolled in federally funded programs must be an AHCCCS registered provider in addition to their licensing requirements.

Facilities providing CRS services shall be licensed by the ADHS and accredited by the JCAHO, Accreditation Association for Ambulatory Health Care (AAAHC), or other nationally recognized accrediting body, within two (2) years of licensure.

Primary and secondary level hospital services are provided by all CRS contract hospitals. Tertiary level hospital services are provided by Central and Southern facilities. Tertiary care is defined as cardiac or other medical services, which may require pediatric intensive care.

10.207 CRS Program Funding

Federal Participation in the CRS Program

Under Title V of the Social Security Act, Congress may annually appropriate funds to states for programs for children with special needs. The federal law requires that out of this appropriation, the Social Security Administration must allocate a basic subsidy to each state. The remainder of the funds appropriated may be allocated by the Secretary of the Department of Health and Human Services, dependent on the financial need in each state. The allocation varies with state per capita income. The State, in accepting these federal funds, agrees to conform with the details of the State Plan for the provision of CRS authorized services. The State Plan is approved by the Secretary of Health and Human

Services (HHS), to conform with the federal regulations applicable to state plans. As a condition of accepting federal funds, ADHS and CRS agree to conform to all applicable federal regulations. The Secretary may also grant portions of the federal funds to individual special projects for the provision of specialized services to children.

Under Title XIX of the Act, federal funding is available for Medicaid-covered services provided to Title XIX categorically eligible individuals in the form of Federal Financial Participation (FFP). Each state has an established Federal Medical Assistance Percentage (FMAP) amount that is paid by DHHS for most Medicaid program expenditures, although that amount may be higher for certain types of expenditures.

In the State of Arizona, the AHCCCS Administration (AHCCCSA) has been designated as the single State agency for the provision of Title XIX funds. ADHS has an Interagency Service Agreement (ISA) with the AHCCCSA regarding the CRS program's use of Title XIX funds for the treatment of CRS conditions. To receive federal reimbursement for CRS services, ADHS/CRS shall submit financial reports and/or invoices claims, and encounter data for the provision of CRS authorized services to AHCCCS no later than 30 days following each reporting period, as stipulated in the ISA between the AHCCCS Administration and ADHS. AHCCCS claims FFP from CMS and is required under the terms of its ISA with CRS to pass through federal monies to CRS.

State Participation in the CRS Program

The State must participate in the financing of CRS according to the Social Security Act, Title V, Part 2, § 513.

The amount of State money available for CRS is determined annually through the Appropriations Act. CRS receives AHCCCS funds and non-AHCCCS funds as two separate appropriations for program support. CRS receives State dollars for the "state match" needed in order to claim FFP.

Family Participation in the CRS Program

Individuals/families shall participate in a financial interview with a Regional Contractor's staff member and/or onsite representative of the Department of Economic Security (DES) to determine the individual/family's payment responsibility. The payment responsibility is determined by comparing the family adjusted gross income to the current Federal Poverty Level limit amounts for income and family size.

Members who do not have a payment responsibility include the following:

1. Wards of the State or of the Court,

2. DES/Comprehensive Medical and Dental Program (CMDP) foster children, and
3. DES adoption subsidy children

See Payment Responsibility Section, 20.500 and A.A.C. R9-7-207.

10.208 Statewide CRS Medical Directors'/Administrators' Meetings

Meetings of ADHS/CRS Medical Directors and Administrators along with CRS Regional Contractors provide an ongoing mechanism for the development and review of ADHS/CRS policies and procedures, as well as the discussion and resolution of other contractual, programmatic, or operational issues regarding the CRS program. The meetings offer a forum for CRS Regional Medical Directors and Administrators to provide guidance and advice to ADHS/CRS Program Management and to review and comment on issues having statewide impact on regional program operations. Each Region has an opportunity to review and provide input to proposed policies and procedures before they are approved and implemented.

Meetings

The CRS Regional Medical Directors and Administrators shall meet with ADHS/CRS representatives no less than four times per year. Additional meetings may be requested by any member of the team to address major CRS program issues having a significant impact on the delivery of care and/or regional program operations. The Administrators Meeting includes ADHS/CRS Administration, CRS Regional Contractor Administrators, and parent representation from the Parent Action Council (PAC). The Medical Directors/Administrators' Meeting includes ADHS/CRS Administrator, ADHS/CRS Medical Director, CRS Regional Contractor Medical Directors, Regional Contractor Administrators, and parent representation from the (PAC).

10.300 Interagency Coordination

10.301 AHCCCS Administration and AHCCCS Health Plans

Based upon financial reports and claims or encounter data submitted to AHCCCS by ADHS/CRS, AHCCCS claims FFP from CMS and passes through the federal Title XIX reimbursement to ADHS for the provision of CRS authorized services. AHCCCSA also has an ISA agreement with ADHS/CRS that outlines minimum requirements for ADHS/CRS to follow to ensure that it can receive FFP amounts from CMS.

Furthermore, CRS members may be concurrently enrolled in an AHCCCS health plan, an ALTCS Program, or a KidsCare Program (administered by AHCCCS) to

receive acute or long-term care health services. CRS Regional Contractors' staff coordinate care for members with other health plan staff and other insurers as needed and appropriate.

10.302 Arizona Department of Economic Security (DES)

The Arizona Department of Economic Security, pursuant to SB 1140, Chapter 213, is responsible for determining member financial eligibility to federally funded programs such as Title XIX.

10.303 Indian Health Services (IHS)

CRS Regional Contractors may coordinate with the Indian Health Service (IHS) or tribal nations in the provision of CRS outreach clinics on Indian reservations to CRS members.